EXHIBIT B

EEOC Form 5 (5/01)					
CHARGE OF DISCRIMINATION	Charge Pr	Charge Presented to: Agency(ies) Charge No		cy(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		X FEPA EEOC			
		nd EEC)C		
	l Agency, if any				
Name (indicate Mr. Ms. Mrs.) Haley Evans	Home Phone (Incl. Area Code) Date of Birth 07/24/2020				
Street Address City, State Sicklerville, New Jersey, 08081	and ZIP Code				
Named is the Employer, Labor Organization, Employment Agency, That I believe Discriminated Against Me or Others. (<i>If more than two the context of the conte</i>				Government Agency	
Name Whole Foods Market, Inc.		o. Employees, Members Phone No. (Include Area Code)			
Street Address City, State and ZIP Code 550 Bowie St., Austin, TX 78703					
Name	No. Employees, Men	Employees, Members Phone No. (Include Area Code)		Include Area Code)	
Street Address City, State and ZIP Code					
DISCRIMINATION BASED ON (Check appropriate box(es).) X RACE X COLOR SEX RELIGION NATIONAL ORIGIN			DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest June 2020 July 2020		
X RETALIATION AGE DISABILITY OTHER (Specify below.)			X CONTINUING ACTION		
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)):					
I work at the Whole Foods located at Marlton, New Jersey					
Due to the onset of the global coronavirus pandemic, grocery workers (like many other workers					
around the country) are required to wear masks to work. Following the death of George Floyd and					
demonstrations this spring around the country protesting police violence and other discrimination					
against Blacks, more people have been showing their support for the Black Lives Matter movement.					
Around June 2020, many Black Whole Foods employees and non-Black coworkers began wearing					
masks with the message Black Lives Matter. Although Whole Foods had not previously strictly					
enforced its dress code policy (and had not disciplined employees for wearing other messages,					
including political messages), the company began ordering employees to remove their Black Lives					
Matter masks and sending home employees without pay for wearing the masks. To protest this					
discriminatory policy, additional Whole Foods employees organized to wear Black Lives Matter					
masks at work. In response, Whole Foods began disciplining us for wearing these masks. The					
company has sent employees home without pay for wearing Black Lives Matter masks, has					
disciplined us for wearing a Black Lives Matter mask, and has even terminated employees.					

I and other Whole Foods employees oppose the company's policy of not allowing us to wear Black Lives Matter masks at work. We have also opposed the company's policy of disciplining and terminating employees in response to protesting the policy. We believe Whole Foods' policy of not allowing employees to wear Black Lives Matter masks at work, and of disciplining and terminating employees who wear the mask, discriminates against Blacks, including our Black coworkers, and discriminates against employees for associating with and showing support for Black coworkers and the Black Lives Matter movement. The policy is also retaliatory against employees who have protested this discrimination (and retaliation) by Whole Foods. I bring this Charge on behalf of myself and other employees challenging Whole Foods' discriminatory policy of not allowing us to wear Black Lives Matter masks to work. I also challenge the discipline imposed on employees, including myself

and others, for wearing Black Lives Matter masks to work and for discrimination and discipline against employees for opposing Whole Foods' discriminatory and retaliatory policies.				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements			
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT			
07/24/2020 Date Charging Party Signature	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)			